

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	2-7-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CH	1020	02-23-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	2/1/01
2	5/1/02
3	1/1/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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